

# POLICY AND COMMUNICATIONS BULLETIN

## THE CLINICAL CENTER

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Medical Administrative Series

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M98-1 (rev.)

27 April 1998

### MANUAL TRANSMITTAL SHEET

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SUBJECT: Facsimile Transmission of Individually-Identifiable,  
Confidential Medical Record Information  
Maintained Under the Privacy Act

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1. Explanation of Material Transmitted: This bulletin transmits the policy of the Clinical Center for the facsimile transmission of medical record information, while protecting patient privacy. The policy was approved by the Medical Executive Committee on 3 March 1998. On 27 April 1998 the policy was revised to include the name and number of the Medical Facsimile Cover Sheet (NIH-2781).
2. Material Superseded: MAS No. M98-1, dated 3 March 1998
3. Filing Instructions: Medical Records Section

Remove: No. M98-1, dated 3 March 1998

Insert: No. M98-1 (rev.), dated 27 April 1998

### DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in  
Patient Care

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M98-1 (rev.)

27 April 1998

SUBJECT: Facsimile Transmission of Individually-Identifiable,  
Confidential Medical Record Information Maintained Under the  
Privacy Act

### PURPOSE

To establish policy for the facsimile transmission of individually-identifiable, confidential, medical record information, while protecting patient privacy.

### POLICY

It is the policy of the Clinical Center that individually-identifiable, confidential medical record information should be communicated via facsimile transmission only with the patient's written consent, or under terms of published routine uses, or in an emergency when a delay in communication might jeopardize the health of the patient.

### INTRODUCTION

Transmission by facsimile is not a secure mode of communication because transmission may be monitored, information misrouted, or sent to an unattended or insecure area. It is the policy of the Clinical Center (CC) that individually-identifiable, confidential medical record information should be transmitted via facsimile only with patient consent, or under terms of the published Routine Uses for the CC medical record system (see attached Privacy Act Systems

Notice # 09-25-0099), or when required due to an emergent situation, when patient consent is not readily available, and a delay in releasing the required information could jeopardize the health of the patient. In all cases where written consent is not secured from the patient before release, the information sent via facsimile must be restricted to the minimum required to adequately address the needs of the patient, or to meet the requirements of the specific routine use employed to authorize the release.

## GENERAL RELEASE INSTRUCTIONS

It is strongly encouraged that the release of individually-identifiable, confidential medical record information be accomplished through the resources of the Medicolegal Section of the Medical Record Department. For assistance, call 496-3331 or, if during off hours, weekends or holidays, contact the Outpatient Department (OPD) at 496-3315 x 1.

When individually-identifiable, confidential medical record information is transmitted via facsimile, the Medical Facsimile Cover Sheet (NIH-2781) must be used and the completed cover sheet must be forwarded to the Medicolegal Section for inclusion in the patient's medical record. (Fax cover sheets can be downloaded from the CC Home Page (<http://www.cc.nih.gov>) via the internet or a hard copy may be obtained from the Medicolegal Section, Building 10, Room 1N216.)

Written patient consent must be obtained using the Authorization for the Release of Medical Information (NIH-527), which is available from the Medicolegal Section. In cases where written consent cannot be obtained, and the patient verbally requests a release, the Medicolegal Section must be contacted to complete the release and assure compliance with the provisions of the Privacy Act.

## Attachment A: Routine Uses of Records Maintained in the System, including Categories of Users and the Purposes of Such Uses:

1. Information may be used to respond to Congressional Inquiries for constituents concerning their admission to NIH Clinical Center.
2. Social Work Department may give pertinent information to community agencies to assist patients or their families.
3. Referring physicians receive medical information for continuing patient care after discharge.
4. Information regarding diagnostic problems, or having unusual scientific value may be disclosed to appropriate medical or medical research organizations or consultants in connection with treatment of patients or in order to accomplish the research purposes of this system. For example, tissue specimens may be sent to the Armed Forces Institute of Pathology; X-rays may be sent for the opinion of a radiologist with extensive experience in a particular kind of diagnostic radiology. The recipients are required to maintain Privacy Act safeguards with respect to these records.
5. Records may be disclosed to representatives of the Joint Commission on Accreditation of Hospitals conducting inspections to ensure that the quality of Clinical Center medical record-keeping meets established standards.
6. Certain diseases, including infectious diseases, may be reported to appropriate representatives of State or Federal Government as required by State or Federal Law.
7. Medical information may be disclosed to tumor registries for maintenance of health statistics.
8. The Department contemplates that it may contract with a private firm for transcribing, updating, copying, or otherwise refining records in this system. Relevant records will be disclosed to such a contractor. The contractor will be required to comply with the requirements of the Privacy Act with respect to such records.
9. In the event of litigation where the defendant is (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Justice Department has agreed to represent such employee, for example in defending against a claim based upon an individual's mental or physical condition and alleged to have arisen because of activities of the Public Health Service in connection with such individual, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that agency to present an effective defense, provided that such disclosure is compatible with the purpose for which the records were collected.
10. (a). PHS may inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, under the following circumstances: (1) The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors; (2) The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the individual's sexual or needle-sharing partner(s); (3) The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and (4) The notification of the partner(s) is made, whenever possible, by the subject individual's physician or by a professional counselor and shall follow standard counseling practices.  
(b). PHS may disclose information to State or local public health departments, to assist in the notification of the subject individual's sexual and/or needle-sharing partner(s), or in the verification that the subject individual has notified such sexual or needle-sharing partner(s).

